



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR- 04-10345-NMG	
DEFENDANT MOHAMMED ABDUL AZIZ QURAISHI		TYPE OF PROCESS FINAL ORDER OF FORFEITURE	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Assessors Office		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) Town Hall, 801 Washington Street, Canton, MA 02021		
Send NOTICE OF SERVICE copy to Requester: Kristina E. Barclay, Assistant U.S. Attorney United States Attorney's Office One Courthouse Way Boston, MA 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve notice of a copy of the attached Final Order of Forfeiture to the above named institution by certified mail, return receipt requested. DM x3673 CATS No. 05-USC-000756			
Signature of Attorney or other Originator requesting service on behalf of <input checked="" type="checkbox"/> Plaintiff		Telephone No. 617-748-3100	Date 10/4/06
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		PLEASE SEE REMARKS SECTION BELOW	
		Signature, Title and Treasury Agency Mary Lou Gilman US Customs & Border Protection Forfeitures Specialist	
REMARKS: The above described Order was served by certified mail #7001 2510 0003 4299 5105 (copy attached). Mailed on October 11, 2006. Postal records indicate delivery/receipt on October 12, 2006.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT
 ☐ FOR CASE FILE
 ☐ LEAVE AT PLACE OF SERVICE
 ☐ FILE COPY


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Track & Confirm

Search Results

Label/Receipt Number: 7001 2510 0003 4299 5105

Status: **Delivered**

Your item was delivered at 10:31 am on October 12, 2006 in CANTON, MA 02021.

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Enter Label/Receipt Number.

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

 Assessors Office
Town Hall
801 Washington St.
Canton, MA 02021

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 X *[Signature]* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/12

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number

(Transfer from service label)

7001 2510 0003 4299 5105

S Form 3811

2005 c

M-0381

**U.S. POST
CERTIF**

Domestic Mail Only; No Insurance Coverage Provided

Postage							
Certified Fee							
Return Receipt Fee (Endorsement Required)							
Restricted Delivery Fee (Endorsement Required)							
Total Postage & Fees							

Sent To: Assessors Office, Town Hall
 Street, Apt. No., or PO Box No.: 801 Washington St.
 City, State, Zip+4: Canton, MA 02021

JOHN H. KENNEDY
 BOSTON, MA 02118
 OCT 11 2006

See Reverse for Instructions

<http://trkcnfrm1.smi.usps.com/PTSIInternetWeb/InterLabelInquiry>

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